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Vol. XLVI
Number Four

Tuesday, August 25, 1914

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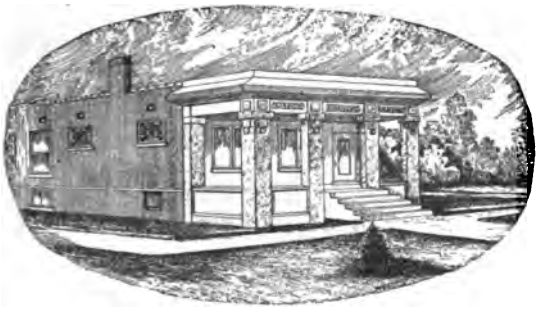

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LEADING ARTICLES

TYPHOID FEVER.

JAMES E. FREE, M.D.

COMANCHE, MONT.

The exciting cause of typhoid fever is the bacillus typhosus. This micro-organism has a short life history, so that a nidus of contagious bacilli must first find a hatching place, if the output of one case is to act as the exciting cause for another case. Domestic animals are exposed to bacteria which exist in drinking water and may carry the contagion in ways as yet undetermined. Government inspectors are liable to be obligated by law in the future with the duty of injecting serum obtained from horses or other animals into butter, meat, milk and animal food products in general. Even the ubiquitous egg cannot escape responsibility for its share in disease production.

Usually the germs of typhoid fever find temporary lodgment in liquid; if they get a chance to kindle a reincarnation of the environment which bore them, after being cast out of the body in discharges. This doctrine of reincarnation and metempsychosis which is the physical basis of theosophy may be worth presenting a brief upon to establish certain facts. Whether or not the virulent germs can hibernate in a menstruum which is too cold to admit of propagation is not as clear as it might be to some country practitioners. Reproduction is the chief end of the bacillus typhosus; and before the last word is said on immunity it must be settled whether there are germs which are eunuchs and hermaphrodites.

Milk, water or any drinking fluid which is not too hot or cold for swallowing may conduct the bacillus typhosus into the stomach of a human being. Entrance being assured a period of quiescence follows. Prophylaxis either before or after entrance is as safe as an insurance policy. The course of human events is worth following subsequent to the ingestion of the bacillus typhosus. The stomach may be empty when contaminated water, for instance, is swallowed. Thirst signifies the need of the blood for a diluent to carry on its work. Constant loss of the serous portion of the blood is going on in the shape of insensible transpiration; in other words, gas is escaping from the skin. Some individuals are greater gas producers than others which explains the remarkable diversity in the matter of ingesting liquid refreshments into the stomach. There are circumstances which might justify the supplying of water by injection through the abdominal wall into the stomach.

Well persons may convey the germs indirectly to non-immunes. The route by which this communication is accomplished is indirect: similar in fact to reflex action on the part of the nervous or muscular systems. The older idea of immunity was that the ingested germs were digested in the stomach, but after discoveries prove the bacillus typhosus to be devilish hard to kill. Finding the germs in the stomach by the usual placer mining operations should lead at once to an upending of the patient for the purpose of testing whether or not he is capable of giving birth to viable bacilli, or whether he casts them stillborn. Bacteria do their most harmful work in the middle zone of the alimentary tract; but from what we already know of their pernicious partizan activity it is well to keep in the back of the brain the thought that hemorrhoidal troubles may have an origin traceable to germs. The suspicion is so

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well rooted and grounded in the mind of the laity that it will be hard to convince unbelievers that immune persons owe their health to the power they possess of digesting bacteria; the snake's tail does not die till sundown, so many a philosopher will say. He will also say the moon controls the weather and is to blame for fence posts sticking in the ground.

It is admitted that from the moment bacteria are ingested into the stomach the patient is sick. Another duster in medical practice is the false opinion that pain and suffering must be constantly manifested outwardly. Actual pain-killing is but a small part of the country doctor's business. Most of his time is now spent as the apostle of the simple life, and writing to his favorite medical journal. Alas what medical men will do for the big round silver cart wheel of commerce!

As the bacilli multiply and buoyantly progress in their short life cycle ptomaine or toxin is produced. Nature's method of dealing with the intruders suggested serobacterin therapy. Bacterin is dead and down bacilli which have been antiseptically treated. The strain of horse blood acquired from temporary residence in the circulation of the clean oats and hay feeder gives the bacterin red blooded pure democratic activation required to fit it for duty. Manufacturers of serums and vaccines now go so far as to spray the pasture meadows before allowing the horses to graze. Mother Nature is not a very aseptic housekeeper.

One point made clear by experimental production of the specific serum for the treatment of typhoid fever is this: the bacillus typhosus must die in order to produce toxin. Here is an example of unmorality on Nature's part. She permits one of her creatures to sacrifice life in the bad cause of tormenting her superior creation. Probably tormentation is the road to happiness; because a man feels awfully well satisfied once he has totally recovered from an attack of typhoid fever.

Various bacterins, owing to their pedigree give rise to pathognomonic symptoms which in fact are so many red lights calling for the elimination of danger. The microorganism of meningitis produces its definite train of consequences, and the same thing is true, for instance, of the Klebs-Loeffler bacillus or the pneumococcus, but the main cause for the constant symptom in all these germ diseases is the death of the bacilli. Necrosis or gangrene of a bacillus in the blood stream or interior tissues of the body is a malignant proposition; in exactly the same way as gangrene of the leg is, when viewed from the outside of the body.

The original and typical lesion caused by ingestion of the bacillus typhosus is supposed to be in the lower segment of the small intestine. From the stomach the bacilli proceed to spread out in all directions. Some travel upwards and reach the faucial mucous membrane. Most of the colonists aboard the belly go downward; probably because they are willing to ride in nature's peristaltic Pullman car. Country medical men are familiar with the typhoid clinical picture: Malaise, nausea, nosebleed, backache, boneache, and acute progressive languor, which eventually puts the patient on his back. Gravity now comes into the equation. Bowel-content, in the small intestine is liquid, and bodily heat tends to increase. Digestive juices under normal circumstances would prepare this food product for absorption, but there are lions in the way.

Surface temperature may be subnormal or at least not above normal; but the largest portion of the blood is bottled up in the internal structures of the body, because the vasomotor system on the surface is tightly constricted. Being congested with blood none of the organs can carry on their functions properly and in the vital centers the pathologic process receives an activating impulse which is constant. The superheated bowel content furnishes just the kind of a culture medium which stimulates growth and expansion for bacteria. Putrefaction goes on apace, and organic chemical changes lead to the development of matter which erodes the mouths of the glands in this part of the alimentary tract.

Typhoid fever is an example of self-limitation, so it used to be said. Four weeks was an average duration, during which period the various symptoms travelled round the orbit of the disease. Now the book is open at the page where the bacilli die and are buried in the blood stream. These corpses must be removed and cremated, which is the explanation of the metabolic changes accomplished in these elements by combustion as they go forward to the lungs or the various organs whose business is to select raw material for elimination.

Antibodies in the blood are living entities and nature sets them the task of disposing of the typho-bacterins which are injected into the blood stream by the medical man. By practicing on the asepticised dead bacteria antibodies are sensitized, if that is the term to use to convey the idea of whetting the appetite of an antibody for the

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bloody business ahead of it. How long the antibody can keep up its tick is not yet clear; neither can it be said of an antibody, that it is a Methusela for long life compared with the bacillus typhosus. If it actually commits suicide in murdering the bacillus typhosus it will be necessary to take refuge in the argument that an antibody is built right to die and conduct itself antiseptically forever afterwards, which of course amounts to a great moral lesson. Behind the dead septic bacterin in the blood are the living typhoid germs.

The human body tolerates a certain amount of interference with its functions; and for that reason the first steps of infection pass unnoticed. A fixed length of time is consumed in bringing the bacillus to the crossing of the Rubicon where it can exert the balance of power over bodily mechanism. Incubation is a natural process. An egg, for example, must lie still in a nice warm environment for three weeks to reproduce its species. While the actual hatching period of the bacillus may be short, the quantity of them required to make an emphatic impression is large, and at the end of the incubative period sufficient bacilli are in the body to embarrass the organic processes. Then there is nothing left for the earthen vessel but to go into the hands of a receiver and send for his physician.

After the blood has endured confinement in the interior department of the body for some days, the nervous system begins to vigorously protest against its tyrant. Anything alive will stand a certain amount of bullyragging, but at length forbearance means neurasthenia or a fight for liberty; and impulses looking towards conquest of the resistance to flooding the surface of the body with blood, as the long way round to purification are set in motion. Every gland mouth and arteriole on the surface of the body is held in an asthmatic grip, the nervous puckering strings refuse to let go. This phenomenon suggests the spasmodic temporary paralysis caused by grasping electrodes in the hand to complete a circuit, and being unable to let go without help.

Under such circumstances resistance to the pressure is commenced by impulses from the central nervous system. While this battle goes on the prodromal manifestations of typhoid fever will be in evidence. Finally the dam breaks and the blood goes towards the surface. An excitation of circulation brings relief to the stagnation-and-resistance symptoms and a new set appear to take the place vacated by the departing set.

The rose spots on the surface of the body indicate an effort on the part of the vital forces to dispose of the toxin of typhoid fever, in similar fashion to that so successfully used in some of the contagious exanthematous diseases. Around the mouths of the sweat glands on the surface of the body are circular muscular fibers controlled by nerve filaments. Anastomosis of blood vessels between these circular muscular bands and the contiguous tissue of the skin is not very free. Plentiful supply of blood to the surface of the body fills the blood vessels of the structures of the gland mouth, which at once feel the irritation due to the presence of toxin in the blood. Appeal is made to the power higher up and figuratively speaking the gland spits on its hands and lays hold of its nervous structures and hold on with might and main. Congestion remains for some days producing the rose spots, which is visible proof of this process; but instead of progressing to the extent of destroying tissue, as in smallpox, for example, the rash gradually fades away after the withdrawal of the blood entrapped temporarily in the circular muscular tissue.

A different course of procedure is followed in the case of the glands of the small intestine. Study of a concealed phenomenon must be undertaken with a grain of faith to act in the same capacity as the proverbial grain of salt so useful on the bird's tail for catching purposes. Congestion with blood will certainly follow irritation, which in the present instance is due to unnatural heat, plus contact with intestinal contents of acid and septic characteristics. Necrosis of tissue will result from the acute inflammatory process set up in the neighborhood of the gland, and arrest of the destruction of tissue may not be possible in time to prevent perforation of the bowel, in the wall of which the morbid process is carried on.

Along with too much blood to the small intestine, with the results just pictured in its glandular structures there will be danger of too much peristaltic motion. Plethora of blood supply leads to an enthusiastic circulation, and treading on the heels of a bounding pulse comes nervous excitation. These peristaltic waves extend upwards and downwards. Those going in the direction of the lower terminal facilities of the bowel are liable to set up diarrhea; and the upward movement will provoke the sensation of an earthquake in the belly which accompanies vomiting. Even if the reversed peristaltic motion does not excite vomiting it is liable to attract more blood than is needed in the mucous lining of the stomach, if the reader is not very careful

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he is liable to stumble upon an explanation of the serious gastro-inflammatory symptoms which occasionally carry off the patient suddenly.

Hyperemic gastric mucosa means pathologic functioning of the glands. Too much gastric juice may be secreted at the wrong time. If the pendulum of disease swings too far in one direction it will swing in the opposite direction also. Abundant secretion will be followed by paucity. Notwithstanding the absence of food requiring the presence of gastric juice to digest it, the gastric juice is present and because there is no physiologic job for it, the time-honored rule holds good and it participates in mischief.

One of the fairly constant symptoms of typhoid fever is meteorism. The badly mixed semi-fluid mass in the small intestine becomes the seat for organic chemical changes; and in the splitting up of compounds, and the new arrangements of atoms in molecules, gas is developed. There is a record in eastern Montana of a country doctor who inserted a trocar and canula into a typhoid fever patient's abdomen with the idea of tapping the gaseous contents of the small intestine. The gas proved to be principally sulphuretted hydrogen and was disposed of by combustion.

High temperature, meteorism, diarrhea, and general sepsis are the objective symptoms of the third stage of typhoid fever. To treat the disease at any stage it is necessary to remove the cause. Hypodermic injection of typho-bacterin is scientific treatment. But it must be well considered that the typhoid bacillus operates from headquarters in the small intestine. Toxin manufactured in that locality is absorbed through the gut into blood vessels and lymphatics, and this is the reason it is the exception rather than the rule to find living bacilli in the blood stream and interior tissues.

Bacterin injections act indirectly because it must reach the stronghold of the enemy indirectly; in other words, it must make the round trip through the circulation and risk elimination through the bowel in order to attack, in situ, the exciting cause of the disease. An army is incapable of doing its best fighting at the close of a day's march; similarly it might be predicated that bacterin which has passed through the circulation has been shorn of its strength if not indeed totally disorganized.

A more excellent way must be discovered to fight the typhoid bacillus. Recently such astonishing results have been noted from the administration of bacillus bulgaricus in the destruction of germs in the human alimentary tract that this remedy comes well recommended to its trial for typhoid eradication. Nature makes a brave attempt to rid the body of this pestiferous germs but she needs artificial help. The temporary relief obtained from the painful symptoms of the prodromal stage when the vasomotor inhibition is overcome once convinced us that diaphoresis would greatly help to cast out the exciting cause and in the shape of combination with a calomel purge it has slain its thousands. But something radical which will kill off things by tens of thousands is the demand of the hour.

Injection of typho-bacterin hypodermically is the method which will drive in the pickets of the enemy and gradually approach the main defense while the administration of bacillus bulgaricus is an attempt to use the Trojan horse strategy to get into the citadel. Still another modern remedy may do valiant service in the near future, and that is the condensed form of Ipecac, or its alkaloid: emetine hydrochloride.

SEX NECESSITY EXCUSE FOR SEXUAL OFFENSES.

G. HENRI BOGART, M.D.

DANVILLE, ILL.

The most commonly accepted excuse for the sexual freedom of the male is found in the plea that there must be some relief furnished for the congestion of the fluid within the seminal vesicles and that it is necessary for the health and well-being of the man, particularly the young man, that he seek gratification, and from this false premise it is argued that we must retain prostitution as a protection to the virtuous female. The wish is father to the thought and masculine supremacy over his mate in the caveman's rule of brute strength, lingers in the details of the relations of the sexes of today, a mass of conventionalities, which make our modern rules of civilization and society.

Much of that which conventionality has called right is blackest wrong, and much that we brand as wrong is the highest type of natural right, but while we live under the artificial products of atavism, harking back to a time that held the woman and her favors as the personal and most valuable properties of the man, we must face a society as it is, and hope to lead in bringing woman into a full equality of rights and privileges, co-extensive with what her

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brothers claim; conversely curtailing the assumption of either, that the sex difference exists for the ministration of service to the other.

The answer to the sex necessity lie in palliation of the excesses of the male for his unvirtuous actions is found in the nocturnal emission, by which the overcharged seminal vesicles discharge their excess of semen during slumber, and usually with some more or less erotic dream, the reflex of the local irritation.

The nocturnal emission is not only harmless, but is Nature's safety valve, unless it has become a diseased condition resulting from excess, and the popular misapprehension concerning this normal function has come about through the unscrupulous advertisements of the fakir of medicine. Incidentally, Congressman F. T. O'Hair of Illinois, the man who defeated Uncle Joe Cannon, has a bill before congress making the publication, or carriage, of such advertisements a felony, punishable with imprisonment up to five years. All medical men interested in stamping the ghouls from the profession, should exert themselves to secure aid for the passage of this legislation.

Recently there came under my observation a case of continued involuntary nocturnal emission so remarkable that it is worthy of study from different viewpoints.

The man was of unusual vitality, the embodiment of perfect physical health, strong and virile, and when he told me that he was past 50 I hardly believed him, 40 being the limit I would have assigned. Examination disclosed total absence of prostatic enlargement, and the sexual organs were remarkably well developed, the penis being small and pendant when flaccid, and unusually large and rigid when erect. He gave a history of total escape from venereal disease, a statement I could fully believe. He denied illicit intercourse, stating that as a boy he had been a rounder of the widest latitude, but that startling circumstance had cured him completely for such promiscuous relations. I was surprised to learn that he was married, had married the present wife when both were very young; and pressing for farther information, was assured that since her menopause the wife was more amorous than before.

Thoroughly mystified I invited his fullest confidence. His marriage had been of the all too common sort of conventional unions without much regard to the considerations of mutuality, or of deep affection, sexually; both were above the normal, at least his statement that for months intercourse had been nightly during early married life, until after the wife had vigorously opposed the bearing of children, and surrounded the sexual act with limitations to accomplish the end of defeating impregnation. She had been of the receptive type, demanding that the husband restrain himself until her desires had been satisfied, often experiencing from two to four orgasms before allowing him to satisfy himself, remaining supine and irresponsive at that time.

The two had absolutely nothing in common, and there developed a wall of repulsion between them. To the world they were a contented couple, but underneath was a constant friction, until, as he expressed it, "Life was simply hell, a dull protest that ached like a decayed teeth, or an ingrown nail cramped into a tight shoe."

Several years ago a close friendship had been formed between this man and a married woman, who had also contracted a conventional marriage, one in which there had been less of the discordant than in the case of the man. She is childless through no fault of her own, and she has a desire most ardent for motherhood.

Then, as an eruption from a volcano, they discovered that there was a most passionate mutual love between them, each realizing for the first time in life what is meant by the Grand Passion. They did not allow this passion to mar either life, and they drifted apart into different localities. They resolved again and again that all communication should terminate, and yet the threads of their lives cross frequently in the conventional affairs which surround us all. They felt the situation a sheer impossibility, and it remained. With this new impulse coming into his life, the man grew to hold that his chastity was due the woman to whom he was bound by ties of love and not to the one to whom he was legally united, and abstained altogether from sexual relations with his wife.

Asked what effect this course had on his home, he replied that it naturally made the situation of mutual repulsion somewhat more acute. Asked why he did not forego his ideals; why he did not seek sexual relief where he had full right, and where it was wanted, he replied that such action was no better than mechanical masturbation, and that he could not thus degrade himself nor his person.

For two years he has lived, sexually, the celibate life of the priesthood, though at times his power of resistance are tested and tried almost to the point of revolt.

"Intercourse between the sexes is the

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purest and most sacred action of life," he said, "and I feel that my body is consecrated to the love that came unsought and late into my life, when I had come to think that the stories and songs of literature must be exaggeration. I am keeping myself pure for her whom I love, and the only woman I have ever so cherished."

Since his resolution has been put into effect he has experienced from three to four emissions per week. Always with the action there is a dream of the woman. He indignantly denied that he ever dreamed of sexual relation with her at these times. Most frequently she repeats an action, when on one occasion she had taken a beautiful baby from its mother's arms, and had appeared transfigured as she walked about the room with it, and had suddenly stopped before him, bending down and commanding that he kiss "Our baby with the rose petal lips."

He disclaims that there is any of the ordinary pleasure of intercourse in these emissions.

Speaking of the episode when the baby was held for him to kiss, he said that he would willingly give his life to see his dream woman proudly caressing a child that had come to the two of them, but—and that was the end of the confidence in that direction.

I could see no evidence that the man was hurt physically by the course he was pursuing, rather he was one of the most perfect specimens of physical manhood and healthful vigor that I have been privileged to examine in years. He stands high as a leading citizen and as a man of ability in his home community. All that I could tell him was that his health was not suffering. As for the moral and psychological sides of his case, I had nothing to say, nor have I any comment to make now.

This man with his ideal that coition with perfect love is the purest possible human relation, and that without such accompaniment it is the grossest profanation, is certainly exercising a heroic self-restraint in the course which he is following.

One thing is certain, sexuality is the strongest impelling force in all the world, most potent, perhaps when not recognized only by indirection. Our prudery has covered the proper knowledge of this most vital element of life with a filthy mass of misapprehension and falsity, and whatever the opinion of the public may be, we should remember that the real truth is so much a matter of atavism and the survival of the olden ideals that it is a matter for deep study as to ultimate right and wrong.

The story is one worthy careful thought from the reader.

Trachoma in Virginia and West Virginia.—From investigations made by the U. S. Public Health Service, in West Virginia, beginning last September, it was found that trachoma was more prevalent in these two states than had been supposed. Among the 20,848 persons examined in 23 counties of West Virginia, 340 cases of trachoma were found, and of the 7,801 persons examined in ten counties of the mountainous section of Virginia, there were 108 cases. There were only two cases of the disease found among 2,338 negroes examined in the two Virginias which shows that while this race is not altogether immune to trachoma, it certainly has a much less degree of infection.

The Intestine as a Pathway of Infection to the Tubercle Bacillus.—Findlay (British Journal of Children's Diseases) reports on a series of experiments, conducted on rabbits, both healthy, and with an induced intestinal catarrh, the infecting material being placed in a capsule, and directed into the animal's stomach, thus preventing "insufflation tuberculosis." The conclusions are: (1) Healthy rabbits can be infected by the ingestion of large amounts of bovine tubercle bacilli; (2) the bacilli can pass through the apparently intact intestinal mucous membrane, and reach the mesenteric glands within a period of six days, though this occurrence is rare; (3) when infection occurs the intestine is invariably the seat of lesions, and thus tuberculosis of any organ other than the intestine is always a secondary infection, when the bacilli have entered by the intestinal route; (4) catarrh of the intestine does not favor the passage of the tubercle bacilli through the intestinal wall, but allows of a more constant, and also of an earlier and more widespread infection of the bowel, and in this way facilitates dissemination; (5) healthy rabbits apparently cannot be infected by the ingestion of large amounts of the human tubercle bacillus; (6) rabbits recovered from intestinal catarrh developed tuberculosis after the ingestion of human tubercle bacilli; (7) with the human type of organism a local lesion, though always present, may be slight in comparison with the diseased foci in the mesenteric glands; (8) it would seem that the best means of combating the spread of bovine infection in childhood, until tuberculosis of cattle is eradicated, is in the avoidance of everything likely to cause intestinal catarrh.

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THE MEDICAL FORTNIGHTLY

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EDITORIAL

Renal Tests.

Only of late has the profession discovered the importance of and means of determining the functional activity of the kidneys, as yet the literature on the subject is not wholly satisfying and the technic has not yet been brought to a simplicity which makes it generally usable; some day simple means will be devised which will make it possible for the general practitioner to accomplish what now seems to be in the province only of the specialist. Some time since Geragty and Rountree contributed a valuable paper* on these tests. The authors report on the value of the various functional tests of the kidney, considering them in relation to three great types of renal disease: (1) unilateral and bilateral diseases calling for ureteral catheterization; (2) bilateral surgical diseases following obstruction in the lower urinary tract, and (3) medical diseases of the kidney. In the first group it is desirable to have information in regard to (a) the total or combined renal function without ureteral catheterization; (b) the relative function, and (c) the absolute functional value of each kidney. The phenolsulphonephthalein test is incomparable as far as total function is concerned and where leakage and inhibition are absent it gives all the necessary information. In cases where its excretion is markedly decreased, one or another of the retention tests should be employed. Two difficulties in certain cases make it impossible always to obtain all desirable information from any one test, viz.: inhibition of function, and leakage. Inhibition discrepancies may be detected readily by the determination of total renal function without catheterization. Unfortunately inhibition is not always equal on each side and in this connection diastase and urea percentage together with the intensity of urinary pigment and a consideration of the total phenolsulphonephthalein are of value. When inhibition occurs the urea percentage and leakage occurs, diastase is more reliable. Phloridzin has proved of comparatively little value in the authors' experience. In the bilateral surgical diseases following obstruction, information concerning the total functional one is needed and the phenolsulphonephthalein test is sufficient so far as excretory functions are concerned. It will aid the surgeon to determine whether and when to operate. Tests of retention should be employed in every case in this group of cases, at least one of them when the phenolsulphonephthalein excretion is low. Urea and total incoagulable nitrogen parallel each other so that only one need be employed, preferaby urea determined by Marshall's method. It would seem probable that the blood-urea will give earlier evidence than cryoscopy. Studies of renal function in medical cases fall in two great groups: (a) those attempting to differentiate between tubular and glomerular involvement, and (b) those attempting to determine total function. The authors' studies have lead them to conclude that the potassium iodid test of Schlayer for indicating tubular functional capacity is unreliable. So little is positively known or proved concerning the specific function of any individual part of the kidney that any attempt of this kind to divide nephritis is, in their view, premature. As regards the total functional value of the kidneys in medical cases the authors divide them into: (1) cases suspicious of nephritis; (2) mild cases without cardiac decompensation; (3) advanced nephritis without cardiac decompensation; (4) cardiorenal cases; and (5) chronic passive congestion in cardiac cases without nephritis. In the first group all tests showing a normal function need reconsideration of the diagnosis. In the second group a practically normal phenolsulphonephthalein is sometimes encountered together with a delayed lactose excretion, but this is also met with sometimes in mild passive congestion of the kidneys. The lactose test may be accepted as indicating vascular disturbance but not necessarily a glomerular nephritis. With a normal phenolsulphonephthalein output, tests of retention are not needed. In advanced nephritis the phenolsulphonephthalein test is decreased according to the severity of the lesion. Lactose is invariably delayed in those cases and its total suppression is of considerable prognostic importance. The salt test should be utilized in all severe cases with or without edema to determine the capacity of the kidney to excrete salt but it should be utilized in all severe cases with or without edema to determine the

*Jour. A. M. A., Sept. 20, 1913.

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capacity of the kidney to excrete salt but it should be used cautiously. In cardiorenal cases, combined functional and renal tests are needed to determine the relative responsibility of the heart and the kidneys and repetition of the tests is almost always necessary. A normal phenolsulphonephthalein with cumulative phenomena absent points to the heart as the responsible factor, and a low output after marked improvement of cardiac conditions indicates serious renal disease. In broken compensation, unassociated with nephritis, lactose is always delayed and diastase in the urine is low. In severe cardiorenal disease the application of the salt test is of great importance as there is an exceptional type of case showing edema, albumin and casts with general function normal except for salt. The authors give the symptoms of approaching uremias from these tests. It must be remembered that like functional pictures have a different prognostic significance in different clinical and pathologic associations. Extremely low functional capacity in chronic nephritis means death, whereas in obstruction in the lower urinary tract the injury may be mostly functional or temporary.

A Sign of the Times.

The fact that humor, in both current lay journals and newspapers, may turn upon a point which is strictly scientific, and medical as well as scientific, indicates the popular dissemination of knowledge to a degree which can scarcely be imagined. There are grades of humor. From the Evening Telegram (New York City):

> Sergeant Foley, on recruiting duty in Herald square, denies he is the man who rejected an applicant on account of defective teeth and received the rejoinder:—"Great goodness! Do you want me to eat 'em after I kill 'em?"

This is merely the joke of pretended misunderstanding. And yet the occurrence points to the sound dental study which only this week caused Mr. Hilles to be quoted in an editorial (of the Evening Sun) regarding the etiologic nature of bad teeth and defective dentition among intractable children.

It was the latter journal which indulged in a *jeu d'esprit* during the outbreak of variola in Lexington, Ky., remarking that "if smallpox threatens to stop the present session of the Kentucky legislature, some one should start a campaign to persuade the 'colonels' to anoint the blades of their bowies with vaccine." The humor of this would prove instantaneous even to children, who have waited in line to receive the slash and the jab of the vaccination official. The very term "vaccine" is but now that of a star swimming into the "ken" of all of us. Indeed, the vaccine of medicated humor has incited its reactions in Col. Watterson, of the Louisville Courier-Journal, or some thing has occurred to produce this:

THE THEATRICAL CLINIC.

The clinical play is the thing today:
It is all the rage.
And they dissect life with a surgeon's knife
On the current stage.
On the scalpel keen all the playwrights lean.
They are thoughtful men,
They all avow it is greater now
Than the fountain pen.
For the clinical play we are forced to pay.
It is no use to storm,
For it makes no diff—but we'd like a whiff
Of the chloroform.

So well did it carry as to appear in the Evening Telegram, New York City, from the editorial page of which this is clipped.

The Evening Mail gives us these attempts:

> The man who died laughing must have been seized with a malignant humor.

And the equally diagnostic and epigrammatic:

> When men get to see double they make spectacles of themselves.

As you know, a physician of the name of Pease has been prominently associated with efforts to check smoking in the New York City's underground system of trams. So the outburst of a volcano gives rise to an idea in the editorial mind of the Evening Telegram:

> California reports that Mount Lassen is still smoking. Oh, tell Dr. Pease.

The information borne in an underground manner must chain the association!

(Some news would require a Freud or Fraud) to unravel the very diaschizic units involved.

And again, from the Sun Dial:

HEALTH HINT.

There was once a giddy young lizard
Who contracted a pain in his gizzard
By eating a mango
And dancing the tango
In the chilly embrace of a blizzard!

Let us hope its gifted author has not written so realistically from a personal experience. Still if one should prescribe tangoing, a blizzard is some companion!

But the insidious onsets of liquor will have to be combatted, beautiful as the subjoined verses are:

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LITTLE FISHERMAN.

Ho, bonny little Fisherman with the blue eye and the basket,
Where are ye goin' now—if I may ask it?

Oh, I'm goin' down to the tinklin' brook, that flows beneath the willow,
An' I'll sit in the shade of a pretty tree, with a green moss pillow.

An' what'll ye do when ye're sittin' there, my little Fisher-laddie,
Will ye catch a whoppin' spotted pike, or a siller shaddie?

Oh, I'll catch nae one nor t'other, lass, nor siller fish nor mottle,
But I'll sit in the shadow of a green tree, an' drink fra' a brown bottle.

—F. Dana Burnett.

We can only add the suggestion, medical as it may be to teetotalers:

Prohibitionists, with an emblem or a bone to pick,
A sacrum ought to fit you, if not too thick—
And surely but to follow it were going some,
Since it appears your only thought is *for sacrum!*

It was in the American Journal of Clinical Medicine that we found this:

A MAN OF RESOURCES.

"It's mighty little throubles me,"
Says Pat, "when the well runs dhry!
Doc says I have wather upon me chist,
A weepin' sinew upon me wrist,
And a cataract in me eye!
What matthers it, thin, if the rainfall is slack?
Since wake before lasht, I've a crick in me back."

—Dr. F. L. Rose.

Quoting from a California paper, we learn that the actual intrinsic value of a man of average weight is about $7.20 and this is distributed,

℞ Enough fat to make seven bars of soap,
Iron for one medium sized nail,
Sugar to fill a small bowl,
Salt to fill an ordinary salt shaker.
Lime enough to whitewash a hen-coop,
Phosphorus to make 2200 match tips,
Magnesium enough for a dose of "salts,"
Sodium enough to settle a sour stomach,
Potassium to explode a toy cannon,
Sulphur to rid a dog of fleas,
Albuminoids to make a case of eggs.

Quite an analysis! This, if anything may render a conception concrete enough for the most feeble. So, furthermore, we no longer read the mother-in-law gag. There is less of the crude horse-play then evident. And as a further sign of the times (the Times, New York City, it is) let us quote the evolutionary lines herewith adjoined:

ANCESTOR.

A man of very high degree
Once climbed into his family tree
Just to see what he could see
Hoping against hope to find
What would please his wicked mind!
How he hated all the crew
In family portraits set in view!
All the judges, and the deans,
Statesmen, soldiers and marines,
Men of business and of law,
Men of medicine and jaw;
Churchwardens, pillars of the truth
All virtuous in age and youth,
The men and matrons, aunts and wives
Who all had led most virtuous lives.

Well, he climbed the family tree
And saw the things that he could see
Great was his relief of mind
To find what he ne'er thought to find:

Found one who had killed a man—
Killed a man and hung for it,
Had his fun and swung for it.

Then our friend slid down the trunk
Not in any fright or funk;
Skipped as lively as a flea,
In the very maddest glee;
Chucked a lady on the chin
Kicked an old man on the shin
Clapped a stranger on the back
Gave a constable a whack
Yelled in joy delectable:
"Now we're not respectable"—

But were his relations glad?
No. They locked him up as mad.

G.

And this Darwinistic up-bubbling will not sound alien even to the day-laborer.

In the same vein, when Dr. Gerhard suggested as appropriate colors for medicine, instead of our traditional green, scarlet and gold, some one remarked the suggestion of blood and money. From this to yellow and red, and then, referring to patients on the verge of operation, how well they appreciated the sentiment of "Yell O and dread!"

So it goes. A joke cannot harm, especially now that summer warns us to relax. And we may all find daily items of this new surgical and scientific brand of humor.

T.H.E.

In the treatment of dysmenorrhea the sitz bath is of much benefit, after which the patient should go to bed.

City Refuse.—After wavering for two weeks, the Municipal Assembly finally cut out the appropriation for the collection of rubbish and ashes for the ensuing year. A determined effort will be made to include $150,000 for this purpose in the appropriation bill next year. The garbage disposal problem is still with us. The Indiana Reduction Company, which holds a five-year contract, beginning in June, has just completed its plant and started reduction of all city garbage. Plans have been made for a municipal reduction plant, to be ready on or before the expiration of that contract.

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THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department should be sent to the Managing Editor, Century Building, St. Louis.

Progressive Medicine—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. June 1, 1914. Philadelphia and New York: Lea & Febiger. ($6.00 per annum.)

Volume II, 1914, of Progressive Medicine contains the following papers: Hernia by Dr. William B. Coley, M.D.; Surgery of the Abdomen, Exclusive of Hernia by John C. A. Gerster, M.D.; Gynecology by John G. Clark, M.D.; Diseases of the Bood, Diathetic and Metabolic Diseases; Diseases of the Thyroid Gland, Spleen, Nutrition, and the Lymphatic System by Alfred Stengel, M. D.; and Ophthalmology by Edward Jackson, M.D. The matter presented in this number of this valuable publication is of the high standard which has always characterized Progressive Medicine; the work of selection and condensation has been admirably done and the present number stands equal to the best which have gone before it.

The Philosophy of Radio-Activity. By Eugene Coleman Savidge, M.D., Member of New York Academy of Medicine, New York Obstetrical Society, American Medical Association, New York State Medical Society, Society Alumni Roosevelt Hospital, and Sloane Hospital for Women. New York, Sixth Avenue at 48th Street: William R. Jenkins Co., Publishers. (Octavo, cloth, $1.50 net.)

There is no other volume published wherein may be grasped so quickly and easily the laws and significance of the vital subject of radio-activity, as in The Philosophy of Radio-Activity.

With text unencumbered with details of experiments or therapy, the author points out the new philosophy to be discerned in the workings of this vast energy. This energy, a quarter of a million times greater than any before known, is now seen to be part of the national domain, to conserve which our American Congress is at present legislating.

There is sufficient original presentation to make this book part of the permanent bibliography of the subject, hence necessary also in each separate science.

Radio-activity is the "ebb of the force which vitalizes the universe." Duration and Space, annealed together by the forces of the cosmos, slowly disengage according to mathematics which never vary. Though the subject is associated in the public mind principally with cancer,—and, indeed, its very close relation has opened up a true philosophy of malignancy—this is a small fraction of the whole; for all the sciences have required remodelling since the discovery of radium.

Astronomers are yet reluctant to accept the logic of radio-activity, for it alters their "square of the distance" in computing planet temperatures. Chemistry, however, has promptly reconstructed its atom. Geology, forgetting its old strife with physics, now figures the age of the earth in new terms. So it has been in physics and biology;—indeed, even the equilibriums and subcomponents of history and sociology seems to follow the relentless mathematics of the new philosophy; and these, themselves, unfold a tale more absorbing than fiction, with man as "exponent of the whole."

Dr. Savidge's thesis is, that matter is involuted with selective purpose, and that there is an "attraction of duration for matter" as mathematical as the attraction of gravitation. Whether or not he be sustained therein, there will be no question that identities in living beings are as surely selected as that an acid seeks its base. Along with possible tendencies, or "instincts" in matter, run radio-active influences which seem to set the hereditary type, if they do not, indeed, determine sex itself.

The work is printed in large type and contains several illustrations.

Diseases of the Rectum and Colon and their Surgical Treatment. By Jerome M. Lynch, M.D., Professor of Rectal and Intestinal Surgery, New York Polyclinic; attending Surgeon, Cornell Dispensary; Fellow of the American Proctologic Society, New York Gastro-Enterological Society, etc. Octavo, 583 pages, with 228 engravings and 9 colored plates. Philadelphia and New York: Lea & Febiger, Publishers, 1914. (Cloth, $5.00, net.)

Lynch on Diseases of the Rectum and Colon will undoubtedly take its place as the leading work on this subject in the English language. Its text is excellent throughout, and presents much that is new and useful. The systematic arrangement and the use of heavy type, for center and side headings make it easy to find any subject quickly. Its numerous illustrations are unusually large and clear, and are evidently the work of an artist of rare ability. The volume has a sumptuous appearance, which is in keeping with the high literary standard of the work. The author has addressed his book particularly to those who have not

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attained well-rounded experience in rectal and colonic surgery, and, as the needs of each reader are different, in order to cover them all, he has embraced the entire field, and has discussed the subject in full detail. He has endeavored to prepare the reader in advance to meet those many things which, though apparently trifling, are generally left to his resourcefulness, and may either make or mar an operation. The book also includes the preparation of the patient, the after-treatment, complications that may occur and how to handle them. It also gives cautionary advice as to mishaps to be avoided. In short, it is a literary and pictorial presentation of the best modern technique, and will be of great value to both the practitioner and specialist.

Astrology is branded as a superstition by the Department of Argiculture in its current weekly news letter. Discussing the question of whether the planets affect the weather, the department declared "the belief still to be found in all countries that the planets and the moon do affect the weather never had any scientific basis whatever; it is only a remnant of the many superstitions generated and fostered by that other greater superstition, astrology. We have every reason to believe that neither the planets nor the moon can have any appreciable effect on the weather, because they furnish so little heat upon which all weather changes ultimately depend and this belief is fully supported by weather records."

Pituitrin in Obstetrics.— Welz, in the Leucocyte of January 15, 1914, reaches these conclusions: 1. The most efficient ordinary dose is .? gm. of the gland. 2. It should not be given oftener than every two hours intramuscularly. 3. It should not be given in secondary inertia. 4. It should be given in primary inertia when the uterus is exhausted. 5. There must be a longitudinal position of the fetus in utero. 6. There must be no mechanical disproportion present. 7. Cervix must be dilated at least 2 cm. in diameter. 8. It should not be given when there is hypertension or eclampsia present. 9. If given for postpartum hemorrhage it should be combined with ergot. 10. It may be used in vertex presentations where placenta previa marginalis is present if it is possible to secure engagement. 11. It is useless in abortion. 12. It is less effective in premature labor than in full-term pregnancy.

WHAT THE MEDICAL EDITORS ARE SAYING.

Pomposity.—There is an atmosphere about a pompous pedantic doctor, which sends cold chills up our backs. Such an one makes us have a feeling of littleness. Of all men, the pompous, stuck-up, self-important individual, be he doctor, or something worse, gives us a sort of humiliation; not that we are willing to concede his superior wisdom and skill; but he would have us do so. There was once a doctor—who has long been in the "beautiful isle of somewhere"—who was so pompous that he never acknowledged the acquaintance of anyone who had no "handle" to his name. It was always my friend, Colonel, or Judge so and so. The bombastic ilk of by-gone days, when every doctor sported black cloth, and high hats, had the reverence and awe of the laity, that the present day medicators don't have. It is all right to be dignified, well dressed, and maintain a proper reserve in your professional intercourse. The writer, for many years, indulged in silk hats, black cloth clothes, and high-heel boots; and in fact, every physician and minister dressed that way; and it inspired more reverence from the public. It was like the robes, and ermine of court. While dignity and "pomposity" may be overdone, yet there ought to be more of the first. If a man is dignified, and looks wise, he will get the credit of being learned, whether he is not! Then the language should be choice, and chaste, but not pedantic.—Charlotte Med. Jour.

Small Medical Schools.—Sir William Osler once expressed the opinion, based on his vast experience as a clinical teacher, that the ideal medical school was one with a graduating class not exceeding twenty-five members—which means a school of about 100 hundred students. Supplied with sufficient clinical material and an adequate corps of instructors, individual instruction becomes possible and the student secures every opportunity to receive the best medical education that four years can afford. Strikingly confirmatory of the strength of Osler's opinion in connection herewith are the results recently published by the Council of Education of the American Medical Association, from a comparative study of the relative merits of large and small medical schools, based on the reports of State board examiners throughout the country. It showed, as the reporter states (Jour. A. M. A., May 23d), "that the graduation of large classes by a medical college does not prove

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excellence of teaching, since several colleges having 100 or more examined have very high failure percentages, and this holds true even for the graduates of 1913. In fact, the larger the college from the point of view of the number of students and graduates, the more serious is inferior teaching ability, indicated by a high failure percentage. In fairness to the medical student, and in the interests of the public, such schools should greatly strengthen their teaching facilities or reduce the size of their classes." That this attitude is fully warranted is emphasized by a comparative examination of the catalogues of some of the large and small schools. In spite of the fact that large schools may have from three to six hundred students, the teaching staffs of most of them are hardly larger than those of schools containing one hundred students or less. The hospital facilities offered by some of the larger colleges compared to the smaller, show a corresponding discrepancy in the average number of cases available for bedside instruction strictly under the management of the faculty. While some of the larger schools average hardly one patient to each senior student, some smaller schools show three times that number of bona fide patients Any clinical teacher of experience knows that this represents the minimum with which satisfactory bedside instruction can be given, provided a sufficient number of instructors are available.

A large increase in the number of teachers is imperatively demanded in the majority of our large schools. If this improvement cannot, for financial reasons, be carried out, such schools should, as advised by the council, reduce the size of the classes admitted, as did Rush Medical College recently—a laudable example—in order to bring them well within the field of their teaching facilities. It has long been our opinion that the smaller schools should be encouraged when they show the proper spirit in the form of serious effort to adjust themselves to the needs of high grade teaching, including their showing before State boards. Table C on page 1,648 of the above mentioned number of the association journal shows clearly, through the results attained by graduates of the smaller schools in 1913, the marked progress that several of these institutions have made and their actual educational efficiency.—N. Y. Med. Jour.

The Cause of Cancer.—The cells of a tumor behave differently from the cells of normal tissues. As Adami has said, the tumor cells gain the habit of growth at the expense of the habit of function, and it is the assumption of the habit of growth that is the point of origin of the neoplasm. According to the same author, there is no one stimulus, microbic or physical, that is responsible for the change in cell properties. Now comes Lazarus Barlow* director of the Cancer Research Laboratories, Middlesex Hospital, with the suggestion that in radiations, and particularly in radium radiations, we have an agency which might well serve as a cause of cancer and other neoplasms to the exclusion of all others. The evidence on which this belief is founded is briefly:

1. Radium is widely distributed throughout nature in such quantities as have been shown capable of inducing accelerated division of cells. Such accelerated cell division occurs not alone in neoplasms, following insufficient or unsuitable radiation with X-rays, radium, or mesothorium, but has also been produced experimentally in silkworms, and in the ova of Ascaris megalocephala.

2. Bacteria suspended in a radium-containing fluid collect the radium from that fluid. This is important in connection with the observation that cancer frequently follows chronic inflammation; for instance, cancer of the breast is often associated with chronic mastitis; cancer of the uterus with endocervicitis and cervical erosion; while cancer of the tongue frequently follows a superficial glossitis. These inflamed areas may contain bacteria in large numbers, and if radium has gained access to the blood stream, it will tend to accumulate around the bacteria.

3. All varieties of normal cells except unstriped muscle, collecting tubules of the kidneys, and sqamous epitheilum contain the minute bodies called Altmann's granules. These are conspicuously absent in the cells of malignant tumors, and can also be made to disappear from normal cells by exposure to the alpha rays of radium.

4. Whereas gall-stones unassociated with carcinoma of the gall-bladder contain no radium, or at most traces but little outside the range of experimental detection, gall-stones associated with primary carcinoma of the gall-bladder always contain relatively large amounts of radium.

5. Exposure to X-rays over long periods is liable to be followed by carcinoma of the exposed parts. But so far as concerns the actual production of carcinoma by means of radium, no case has hitherto been pub-

*The Cause and Cure of Cancer Viewed in the Light of Recent Radio-Biologic Research. Archives of the Roentgen Ray, June, 1914, page 32.

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lished. In view of the close similarity between X-rays and the gamma rays of radium, it would appear that the actual production of carcinoma by means of radium is merely a question of time and patience.

Without special attention to the point, the extraordinary potency of radium as a force is entirely missed, owing to the minuteness of quantity in which it is normally found. Suppose that we consider one hundredth millionth of a milligramme of the element as being an amount that may frequently be found in a gall stone associated with carcinoma of the gall-bladder. Such an amount appears neglible, but yet that one hundred millionth of a milligramme shoots into the tisses in its neighborhood, in the course of twenty-four hours, not far from one hundred thousand alpha particles, beta particles and gamma rays, traveling with initial velocities that vary between 12,000 and 180,000 miles a second. There is definite evidence that this force stimulates cell division; and the laws of evolution indicate that from formerly normal cells, a race of cells must gradually arise in which rapidity of division dominates all other functions.—Lancet-Clinic.

Illinois State Medical Society Elects.—At the meeting of the Illinois State Medical Society Dr. Albert L. Brittin succeeded Dr. Whalen as president; Dr. Charles W. Lillie, of East St. Louis, was elected president for 1915-1916; Drs. Otto T. Freer, of Chicago, and Everett J. Brown, of Decatur, were elected vice-presidents; Dr. W. H. Gilmore was re-elected secretary, and Dr. A. J. Markley was re-elected treasurer; Dr. Emil Windmueller, Woodstock, was elected councilor for the first district and Dr. Edwin S. Gillespie, Winona, for the second district; Dr. E. B. Cooley was re-elected for the eighth district.

Record Immigration Year.—The highest record for immigration into the United States, made in 1907, has undoubtedly been broken in the fiscal year ending June 30, 1914. During the year which ended on June 30, 1907, foreigners to the number of 1,285,349 entered the country, and during the eleven months ending May 30, 1914, the number was 1,254,548, so that it is estimated that the total for this year will each at least 1,355,000. There has been a marked increase in the number of person, principally men, coming in from every country taking part in the Balkan war, although there was a greater number, 312,818, of Italian than of any other nationality.

ABSTRACTS

Heliotherapy and Seashore Treatment in Tuberculous Peritonitis.—Gaubert, at a recent meeting of the Association francaise de pediatrie (Paris medical, October 18, 1913) presented conclusions he had reached from observation and treatment of twenty-one cases of tuberculous peritonitis on the southern coast of France. While the disease sometimes undergoes spontaneous resolution under hygienic and dietetic treatment alone, the solar cure, or heliotherapy, regularly brings about cessation of the subjective manifestations in a rather brief period and disappearance of the exudate after a longer interval. Seashore treatment will yield approximately the same results, especially during the period of convalescence. It is of advantage to combine the two methods whenever possible. On the whole, heliotherapy and treatment at the shore, singly or combined, appear to the author to be the procedures of choice.

Antimony in Syphilis.—While most investigators in chemotherapy have devoted their attention to compounds of arsenic, the claims of other drugs have perhaps been somewhat neglected. It is, therefore, interesting to notice recent researches with antimony, a drug with certain chemical resemblances to arsenic. Not long ago Neisser suggested that it might possibly be of value in syphilis. Tsuzuki conceived the idea of replacing the arsenic of salvarsan by antimony, and the benzol ring by tartaric acid, substance, which is well known to have affinities for certain bacteria, and even to act as a nutrient medium for them. According to Ehrlich, the action of salvarsan on the spirochete is due to the presence of (OH) groups which combine with the corresponding haptophore groups of the parasites. Tartaric acid also contains (OH) groups which may act in the same way. Hence, according to Tsuzuki, the action of these antimonial compounds may be explained on the basis of Ehrlich's side-chain theory. After experimenting with several compounds on rabbits inoculated with syphilis, Tsuzuki found that the best results were obtained with a combination of antimony oxide with potassium bitartrate and ammonium, to which he gave the name of "antiluetin." This substance was then tried in human syphilis with remarkable results. Details of 10 cases are reported, including primary, secondary, gummatous, and cerebral syphilis, in all of which the

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symptoms were greatly improved or disappeared. In several cases a cure was obtained with antiluetin after energetic treatment with mercury and iodide had failed, and one case of gumma which recurred after salvarsan was treated by antiluetin. In a case of syphilitic optic atrophy the sight was improved. The drug is given by subcutaneous injection between the shoulders. The initial dose is 0.025 gramme, soon increased to 0.05 gramme, given daily or every other day until a total of 0.15 to 0.3 gramme has been reached. If this is well borne, a further series is given. The dose required for therapia sterilisans magna is estimated at 0.75 gramme. Tsuzuki concludes that antiluetin is a powerful antisyphilitic remedy, but that the best results are obtained when it is combined with mercury and iodides. Further experience with this new remedy will be awaited with interest, for since antimony is less toxic than arsenic it is not impossible that salvarsan may be dethroned by antiluetin.—British Medical Journal.

Functional Kidney Tests.—First giving the later opinions in regard to functional kidney tests, William E. Stevens, San Francisco (Jour.A.M.A., May 16, 1914), reports the findings from the application of 108 tests, using in the majority of cases after catheterization of the ureters, the phlorizin, phenolsulphonephthalein and urea tests simultaneously to determine their comparative functional value. He remarks that to speak authoritatively one must be thoroughly familiar with their technic. This is specially true of the phlorizin test and to some extent with the phenolsulphonephthalein test. His method was to use three sets of two bottles, labeled R and L for collections from the right and left kidneys. After catheterizing the ureters, 2 c. c. of an 0.5 per cent of a phlorizin solution was intramuscularly injected. While waiting for the appearance of sugar, enough urine was collected in bottles numbered 1 for the microscopic examination and the quantitative urea estimation. As soon as the reduction of heated Fehling's solution became apparent on both sides, the urine was collected for fifteen minutes in bottles numbered 2. At the end of this time 1 c.c. of a phenolsulphonephthalein solution containing 0.06 per cent of the dye was injected intravenously and the urine then permitted to flow into the two test-tubes containing a 25 per cent solution of sodium hydroxid. As soon as the characteristic discoloration occurred in both tubes the time of appearance was recorded and the urine collected for fifteen minutes in bottles numbered 3. The amount of urea was determined by two Doremus ureonometers and the amount of sugar by two Lohnstein saccharimeters. The phenolsulphonephthalein estimations were made by colorimetric test-tubes, as described by Cabot. His conclusions, in substance, are: In normal cases the phlorizin, phenolsulphonephthalein and urea tests show almost identical values for both kidneys. In the pathologic cases all three show almost equally low values on the diseased side as compared with the healthy side, thus showing their almost equal practical value. The simultaneous use of the tests as described tends to greater accuracy, is not specially time-consuming or complicated and can be done by an intelligent nurse. Moreover, it gives positive assurance as to which kidney is performing the most work. In pathologic cases a coincident lessened functional value on one side points unmistakably to a marked defect on the corresponding kidney. This with a normal functional value on the opposite side and satisfactory total functional values as shown by blood cryoscopy, the bladder phenolsulphonephthalein test, etc., would permit the removal of the diseased organ. A single renal test would not justify such an operation. Prior to operation comparative functional tests should be strengthened by tests of total renal function. The urea is the quickest test performed and with a minimal discomfort to the patient. It is not based on the elimination of a foreign substance. As compared with the phlorizin test, the phenolsulphonephthalein test is subject to fewer technical errors and is less time-consuming, a factor of no little importance to the patient as well as to the physician. On the other hand, the quantitative estimation of the negligible amount of error, while following phlorizin injection the estimation of sugar by means of the Lohnstein saccharimeter is mathematically correct."

Congress for Sexual Research.—The first International Congress for Sexual Research will be held in Berlin, October 31-November 2. The congress will consider all questions regarding sexual research under the following sections: biologico-medical section; section on sociology; legal section and section of philosophy, psychology and pedagogics. Sanitatsrat Albert Moll, Berlin W. 15, Kurfurstendamm 45, is chairman of the committee on arrangements.

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MEDICAL MISCELLANY

At the recent session of the North Carolina State Board of Medical Examiners held in Raleigh, N.C., 118 applicants were considered. Of these 81 were licensed and 37 rejected. Twenty-one negroes applied and one third, or exactly seven were licensed. One Indian applied and was given "a limited license" which restricts his practice to the territory occupied by the Indian residents of Robeson County, N. C.

Official word has been received that at a recent meeting the faculty of Rush Medical College determined to limit the enrollment of students hereafter to 100 students each for the first and second year classes and 120 students each for the third and fourth year classes. This action has been deemed necessary since the college feels that it can provide the best medical training for classes of that size.

Frequent applications of hamamelis unguent soon relieves anal affections, such as fissure, sore and tender piles. It is also efficacious in treating a sty.

Missouri State Health Board.—Governor Major has appointed the following members of the State Board of Health, each to serve four years and to succeed a member whose term has expired: Dr. M. B. Hughes of St. Louis, to succeed Dr. Ira W. Upshaw of St. Louis; Dr. T. A. Son of Bonne Terre, to succeed Dr. G. D. Schultz of Cape Girardeau.

The Pennsylvania Society for the Prevention of Tuberculosis at its annual meeting elected the following officers: Charles J. Rhoads, president; Drs. J. S. Neff, W. D. Robinson and W. C. White, vice-presidents; Dr. Ward Brinton, secretary; Mr. F. Algernon Evans, treasurer; Dr. J. M. Anders and E. H. Funk, directors for three years; Dr. Thomas McCrea, member of the advisory council.

The Massachusetts State Senate has passed a bill which provides that vaccination shall not be compulsory for admission to the public schools when the pupil presents a written objection from parent or guardian, or when he personally objects, if over 21 years of age. In event of a threatened or actual outbreak of smallpox, however, such pupil shall be temporarily debarred from the schools unless he submits to vaccination.

State Examinations for Physicians.—The session in Philadelphia just held seventy-eight physicians, three of whom were women, having taken the examination. The new law requiring all applicants for a state license to have one year's experience in a hospital greatly reduced the number examined. Five physicians who have been in active practice in other states more than ten years were put through practical bedside tests at the Medico-Chirurgical Hospital instead of answering the theoretical questions.

American Roentgen Ray Society.—This society will meet in Cleveland at the Hotel Hollenden, September 9th to 12th inclusive. The program, which promises to be of unusual interest and value, includes a paper by Dessauer, of Frankfort, on the Artificial Production of Gamma Rays; Coolidge, the inventor of the Coolidge tube, Shearer, and Duanne, will also read papers. The subject of deep therapy and the production of the hard rays will be fully presented and discussed. The rest of the program will be taken up by general subjects. The medical

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profession is cordially invited to attend. W. F. Manges, M.D., Secretary.

Hay Fever.—There is, perhaps, no affection more common, and yet less amenable to treatment, than hay fever. Known for a long time and treated without much success by the most varied therapeutics, this malady recurs with despairing regularity in persons who have had a first attack. It is especially frequent in England, Germany, the United States, and in the North of France, where it returns regularly each year. It appears in the spring when the meadows begin to flower—hence the name of hay fever. It sets in suddenly, as everyone knows, by frequent attacks of sneezing, running from the eyes, abundant secretion from the nose, with swollen mucous membrane rendering breathing impossible. Frequently the affection is accompanied with fever and attacks of dyspnea resembling that of asthma. Rhinoscopic examination shows congestion of the mucous membrane covering the turbinated bones of the nose. The exciting cause of the malady is still unknown. The oldest theories incriminated both the dust of the pollen, which irritated the mucous membrane, and a special predisposition of the individual. Another theory incriminated a diathesis, of which the strongest partisan was Gueneau de Mussy. For him, and many others, it was a question of nervous hyperexcitability, of a special sensitiveness of the conjunctiva and the nasal mucous membrane. At the present time, the neuro-arthritic theory is scarcely admitted. It is certain that there exists a special predisposition of certain individuals to contract hay fever, but it is not all; the role of dust and of the grains of pollen has been proved experimentally. How do they act? asks Professor Mouneyrat. For certain authors the grain of pollen contains a tox-albumin, which, isolated and placed on the pituitary or ocular mucous membrane, determines a specific irritation. For others, as Helholtz and Cornil, the role of dust is quite different: they serve as vecteurs to micro-organisms, which would be the real agents of hay fever. Thus might be explained the role of a neuro-arthritic diathesis. It would be simply that of an organism in state of receptivity for the same causal germs at the same period of the year—hence the periodic relapses. Professor Mouneyrat is inclined to adopt this theory—that hay fever is the result of an infection provoked by an unknown micro-organism transported at certain times of the year by dust or the pollen of flowers; either that this micro-organism multiplies on the dust or the pollen, or that, at the moment of flowering of the hay, it finds conditions favorable to its development. In other words, the true cause of hay fever is not, as was commonly supposed, the pollen of flowers, but an agent of infection carried by the pollen to the ocular, nasal and bronchial mucous membranes. This theory, borne out by recent facts, led him towards finding a true specific for hay fever. At first he tried, internally, a large number of so-called antiseptics—salicylic acid, salol, phenacetin, etc. Quinine was the only drug which gave him satisfaction, yet incomplete and transitory. Possessing no action on the mucous membrane, its effect could only be explained by a microbicidal action—that it practically destroyed the causal agent of hay fever as it destroys that of malaria. It was thus that he was led to try other malarial agents, as arseniate of soda, Fowler's solution, cacodylate of soda, methylarseniate of soda, all of which gave some partial results. Hectine alone seemed to act like a charm, as in less than three days all the symptoms experienced by patients suffering from hay fever disappeared. One patient, a chronic sufferer from hay fever, was cured in three days by 50 drops of hectine taken morning and evening before meals in a little water. Another, who suffered from hay fever for fifteen years, and had tried every remedy, including serums, without relief, was ordered one pill of hectine night and morning. On the second day of the treatment all the unpleasant symptoms had disappeared. A third, a woman, had every spring a return of the malady. When seen there was intense congestion of the nasal and ocular mucous membrane and very disagreeable itching, while the sneezing and the nasal secretion were so abundant that she had to keep indoors. She was given 50 drops of hectine twice a day; the effect was almost immediate. After the first day of treatment sneezing and coryza ceased, the fever diminished, while the disagreeable frontal pain had disappeared. In the third day the patient was about as usual. Hectine—a new arsenical preparation—may be given in the form of pills or solution. On the first day, 40 drops (one pill) are taken night and morning in a little water; on the second, third and fourth days, 50 drops (one pill) twice a day. After the fourth day the drug is taken only every second day until the bottle is finished. Besides acting as a specific on hay fever, hectine increases the appetite, the strength and the weight of the patient.—Medical Press and Circular.

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